

Table S4. Summary of findings table of the comparison between index tests (Lutz e Kato-Katz) e reference standard (Concentration in formalin-ether diagnosing schistosomiasis

			0.81 (95% CI: 0.72 to 0.87)			0.64 (95% CI: 0.54 to 0.72)						Prevalences	3.9%	4.3%	4.7%
			1.00 (95% CI: 0.99 to 1.00)												
Outcome*	No of studies (No of patients)	Study design	Factors that may decrease certainty of evidence					Effect per 1,000 patients tested			Test accuracy CoE				
			Risk of bias	Indirectness	Inconsistency	Imprecision	Publication bias	Pre-test probability of 3.9%	Pre-test probability of 4.3%	Pre-test probability of 4.7%					
True-positive with Lutz	1 study ^d 520 patients	cross-sectional (cohort type accuracy study)	very serious ^a	serious ^b	not serious	not serious	none	32 (28 to 34)	35 (31 to 37)	38 (34 to 41)	⊕○○○ Very low ^{a,b}				
False-negative with Lutz								7 (5 to 11)	8 (6 to 12)	9 (6 to 13)					
True-positive with Kato-Katz			very serious ^a	serious ^b	not serious	serious ^c	none	25 (21 to 28)	28 (23 to 31)	30 (25 to 34)	⊕○○○ Very low ^{a,b,c}				
False negative with Kato-Katz								14 (11 to 18)	15 (12 to 20)	17 (13 to 22)					

Outcome*	No of studies (No of patients)	Study design	Factors that may decrease certainty of evidence					Effect per 1,000 patients tested			Test accuracy CoE
			Risk of bias	Indirectness	Inconsistency	Imprecision	Publication bias	Pre-test probability of 3.9%	Pre-test probability of 4.3%	Pre-test probability of 4.7%	
True negative with Lutz	1 study ^d 520 patients	cross-sectional (cohort type accuracy study)	very serious ^a	serious ^b	not serious	not serious	none	961 (951 to 961)	957 (947 to 957)	953 (943 to 953)	⊕○○○ Very low ^{a,b}
False positive with Lutz								0 (0 to 10)	0 (0 to 10)	0 (0 to 10)	
True-negative with Kato-Katz			very serious ^a	serious ^b	not serious	not serious	none	961 (951 to 961)	957 (947 to 957)	953 (943 to 953)	⊕○○○ Very low ^{a,b}
False-positive with Kato-Katz								0 (0 to 10)	0 (0 to 10)	0 (0 to 10)	

Explanations:

- a. The study was considered at high risk of bias for more than one domain (patient selection and reference standard) of the QUADAS-C tool.
- b. The reference standard used was inappropriate, as the results of the evaluated tests were combined.
- c. The upper limit of the confidence interval crosses the clinical relevance threshold for sensitivity.
- d. Study of Fenta et al. (2020)

* True-positive (patients with schistosomiasis); False-negative (patients incorrectly classified as not having schistosomiasis); False-negative (patients incorrectly classified as not having schistosomiasis); True-negative (patients without schistosomiasis).

Abbreviations: CI: confidence of interval; CoE: certainty of evidence.